Gallagher | STUDENT HEALTH & SPECIAL RISK

Cornell University Student Health Plan (SHP)
Extension of Coverage Request Form

Student Name _____ Date of Birth _____ 7-digit Cornell ID# _____

Email _____ Plan Type ❒ SHP ❒ SHP Plus* (Check box for current coverage.)

Phone _____ * SHP Plus is not available as an extension, all extensions are in regular SHP.

Reason for extension request (Extension is contingent on validation of change in student eligibility):

❒ Graduation (If going on leave prior to graduation, select Leave of Absence instead.) ❒ May 2023 ❒ August 2023 ❒ December 2023	
❒ Leave of Absence Effective Date of Leave _____	❒ Permanent Withdrawal Date of Separation _____

TERMS: One-time 3-month extension of coverage. Extension is non-renewable.

ENROLLMENT DEADLINE: 60 days after change in student eligibility per Certificate of Coverage

CANCELLATION POLICY: Extension may be cancelled at any time. No premium refund will be issued for cancellation requests submitted after the first effective day of the extension.

Amount Due:

❒	Student only	$948	❒	Student and 1 Child	$1,896
❒	Student and Spouse	$1,896	❒	Student and 2 or More Children	$2,844
❒	Student, Spouse, and 1 Child	$2,844	❒	Student, Spouse, and 2 or More Children	$3,792

PAYMENT INSTRUCTIONS:

- **Before submitting this form, go to: https://shpdirectpay.securepayments.cardpointe.com/ to pay for your coverage extension.**
- **A copy of your payment receipt (webpage or email) must be submitted with this application.**

❒ I acknowledge that I am responsible for paying the premium for the extension of coverage for myself (and my dependents if applicable) within 60 days of my eligibility change. My failure to pay the premium within 60 days of the start of my extension will result in termination of my extension of coverage for myself and my dependents, and I will be billed by the provider for any charges incurred after my eligibility change.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Student signature _____ Date ___/___/___

PLEASE COMPLETE AND SUBMIT THIS FORM AND YOUR PROOF OF PAYMENT RECEIPT TO GALLAGHER STUDENT HEALTH VIA EMAIL: Quincy.BSD.enrollmentteam@AJG.com